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SUBJ/PUBLIC AFFAIRS-NAVAL SERVICE MEDICAL NEWS (NSMN) (95-08)//
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RMKS/1. THIS SERVICE IS FOR GENERAL DISTRIBUTION OF INFORMATION AND NEWS OF INTEREST TO NAVY AND MARINE CORPS MEMBERS, CIVILIAN EMPLOYEES, FAMILY MEMBERS AND RETIRED BENEFICIARIES OF NAVY MEDICINE. MAXIMUM AND TIMELY REDISTRIBUTION OR FURTHER REPRODUCTION AND USE BY ACTION ADDRESSEES IS ENCOURAGED. THIS MESSAGE HAS BEEN COORDINATED WITH THE COMMANDANT OF THE MARINE CORPS (CMC). THE COMMANDANT HAS AUTHORIZED TRANSMISSION TO MARINE CORPS ACTIVITIES.

2. HEADLINES AND GENERAL INTEREST STORIES THIS WEEK:
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HEADLINE: Quality and Caring -- Navy Medicine Trademarks
BUMED Washington (NSMN) -- Providing top quality care to Navy and Marine Corps beneficiaries is a top priority of the Navy Medical Department. The standing of our facilities in peer review organizations, including triennial surveys by the Joint Commission on Accreditation of Healthcare Organizations, proves our high quality. Last week's message, NSMN 95-07, was focused on JCAHO issues and performance.

Harder to assess, however, is the level of caring in the care we provide. Last month, Navy Surgeon General VADM Donald F. Hagen, MC, sent a message (BUMED Washington, dtg 200237Z JAN 95) to all facilities reminding us how important the spirit of caring is to Navy medicine. "While the principle focus of Navy medicine is readiness," said Hagen, "the essence of Navy medicine must always be caring. We can never lose that essence no matter how busy, tired or frustrated we are. Caring must be evident in every encounter with our patients and their families."

Following are several articles that illustrate the compassion found within the Navy Medical team.

-USN-

HEADLINE: NMMC Bethesda's Orthopedic Surgeon with a Heart
NMMC Bethesda, MD (NSMN) -- Many patients respect their doctors, but there is a pediatric orthopedic surgeon at the National Naval Medical Center who inspires something more closely akin to worship. He is CAPT William Schrantz, MC, USNR, and the way his brand of caring, and the way his patients and their families feel about him is embodied in the story of his patient Jennifer Giraldi.

Jennifer is 20 years old now, and her life hasn't been the same since she hit her foot against a bed when she was 16. The result of this seemingly trivial injury was severe reflex sympathetic dystrophy, referred to as RSD, a disease of the extremities that can lead to total incapacitation, loss of use of the limb involved, and possibly even loss of the limb itself. Since her injury four years ago, Jennifer has spent a third of her life in the hospital.

"I don't know how to thank him. He is compassionate. He treats the whole person, not the injury," said Jennifer of Schrantz. "I think he's basically the best. He lets me cry but never pushes me, really listens when I get upset. He is really the best. We come from Quantico, Virginia, just to see him."

Jennifer's mother is even more effusive. When she speaks about Schrantz, her voice is almost breathless as she struggles to accurately capture his essence. "He is unrelenting, he never gives up. I really admire his persistence.

"Our battle has been going on four years this March. He has never said, 'There is nothing we can do.' Some have said that the alternative is amputation, but he says, 'You're going to be OK.' He constantly offers encouragement."

Schrantz talked about Jennifer's condition. "When an extremity is injured, the sympathetic nervous system responds by altering the blood flow. The injury can be either trivial, like a bump, or serious, like a gunshot wound. After the first two or three days, the response is supposed to shut off. RSD develops when this doesn't happen. This is an inappropriate response to a trivial trauma.

"Jennifer simply bumped her foot, and by several weeks later her leg was purplish and cold and tingling, and the leg was swollen out of proportion to what you might expect. It didn't get better. She is one of the worst cases I've ever seen."

Schrantz's determination on behalf of his patients, his unwillingness to give up, is apparent as he talks of Jennifer. "Her extremity is still salvageable. She has terrible pain any time she puts weight on her leg, and is in a wheelchair. Now our pain clinic, our pediatric orthopedic department, physical therapy and anesthesia departments are all working together to help."

He stops, then continues. "But we were pretty much at a standstill."

Now comes the reason he is so admired, why Jennifer's mother referred to him as relentless in his search for help for Jennifer. Since her condition was beyond the scope of his expertise, Schrantz set out to find the best person to help her.

"We heard about a Doctor Racz at Texas Tech in Lubbock, his research interest in RSD and doing electrical stimulator implants either peripherally or centrally to get the pain under control," said Schrantz. "When we sent Jennifer there, she had not put weight on her leg in months."

Jennifer was not sent there. He took her. At his own expense. Just to make sure Racz was all he appeared to be.

"Racz has an active pain clinic and specializes in RSD. He gets everybody else's failed RSD. I went down to see what kind of setup he had. I got to see the research, everything he had published. I was impressed," said Schrantz.

"Racz gets some of the worst cases of RSD in the country and has occasionally had miraculous results -- that's what we need and are praying for with Jennifer."

Racz's treatment, said Schrantz, "is an incredibly aggressive invasive approach, but it turned out to be the only thing that worked. Jennifer said her leg didn't hurt, and she was able to stand up." Racz's approach involves implanting electrodes in the patient's spinal column, which, explained Schrantz, "can telemetrically control impulses by changing the magnitude, frequency and width of wave forms and basically confuses the spine, thereby overriding the pain signals. ... His philosophy is to be unrelenting in getting the pain under control so patients can do the things in physical therapy they need to do to get over the disorder."

But the treatment is not permanent, and Jennifer is already going back to Racz. When she returns to Bethesda, she will undergo intensive physical therapy. Her journey is nowhere near over, but she knows she is not alone, that there is someone rooting for her every minute of every day.

Story by Teal Ferguson

Reprinted from The Journal, 9 February 1995

-more-

SIDEBAR: Letter to the Editor

Dear Editor,

I read your article about Dr. Schrantz. I want to say that I agree with everything that you wrote ... I think Dr. Schrantz is the best. He was my orthopedic surgeon last February. He did the biopsy that diagnosed my cancer. It was on my 8th birthday. ... Dr. Schrantz is not only a great doctor, but a great person. When I was at Bethesda, he always explained things to me, listened to me, and he was very, very kind. I missed him a lot when I went to NIH (National Institutes of Health), but he came to visit me, and that was really nice. He has also called me.

I have had a lot of doctors ... probably close to 20 different doctors. ... All of my doctors have been good. But Dr. Schrantz is the best. He is my favorite doctor, because I like him, I trust him, and he is so kind.

I want to be a doctor in the Navy so I can help other kids. I hope I grow up to be like Dr. Schrantz.

Sincerely, Alec Santora

SUBHEAD: Mom's Note

Alec was diagnosed with Ewing's sarcoma in February 1994.

He had five cycles of chemotherapy through the spring of 1994, limb-sparing surgery over the summer and is currently in his sixth month of rehab. He is doing very well. He just celebrated his 9th birthday, and is in the fourth grade where he loves science and hates homework. ... All of Alec's providers -- physicians, nursing staff, therapists, etc. -- have been fantastic. However, I agree with Alec. Dr. Schrantz is a very special person. He is the best.

LCDR Julie Clark, MSC

Sidebar reprinted from The Journal, 16 February 1995

-USN-

HEADLINE: Military Team Assists U.S. Peace Corps Volunteer

USCINCPAC REP Guam (NSMN) -- On 4 February, U.S. military personnel from the U.S. Civic Action Team (CAT) on Kosrae, U.S. Naval Hospital Guam and Civic Action Detachment Guam assisted in the medical treatment and evacuation of a seriously injured Peace Corps volunteer from Kosrae State, Federated States of Micronesia (FSM).

The Peace Corps worker was hit by a vehicle Saturday afternoon in Kosrae and taken to the local hospital. Other Peace Corps workers called the CAT Camp to request the team's assistance in the medical evaluation of their friend's condition.

The CAT nurse, Army 2LT Angela Sirois, and Navy LT Timothy Shope, a physician from Naval Hospital Guam who was on Kosrae for a routine visit to the CAT Site, proceeded to the hospital.

The Peace Corps patient was in and out of consciousness, and her symptoms included bleeding from the ear and vomiting, which indicated a skull fracture. Shope determined her condition to be life threatening and recommended evacuation as soon as possible to a hospital capable of providing the critical care needed to properly treat her injuries.

Working through Peace Corps representatives and the U.S. Embassy on Pohnpei, LCDR Frank Luttazi (DET CAT GUAM OIC), 1st LT Douglas Ridenour (CAT OIC), and the CAT team on Kosrae began the process to formally request a medevac.

Coordination with the U.S. Coast Guard and other U.S. commands revealed no military assets available for a timely evacuation. Peace Corps officials in Washington, DC, arranged for a civilian medevac service out of Australia.

Shope and Sirois provided over 24 hours of continuous critical care to keep the patient stabilized until the medevac flight arrived. On 5 February, 1700 local time, their patient departed aboard the Australian medevac service for a facility capable of properly treating her.

Shope and Sirois performed superbly under stressful conditions. Their efforts, as well as efforts by Luttazi, Ridenour and other CAT members in coordinating the logistical support necessary, ensured the best possible care for a critically injured American far from home.

Story submitted by Fleet Surgeon, CINCPACFLT Pearl Harbor

-USN-

HEADLINE: NAMI Physician Praised for Care of Patient

NAMI Pensacola, FL (NSMN) -- Letters thanking a physician for the compassionate care of a loved one are frequently received by Navy medical treatment facilities; dental treatment facilities also receive their share of accolades. But the Naval Aerospace and Operational Medical Institute in Pensacola isn't a treatment facility, so letters praising patient care at NAMI are unusual.

Although NAMI is not a direct care facility, it has the capability to provide highly specialized care that, when needed, nothing else will do. It has a hyperbaric chamber, also called a decompression chamber. In January, the commanding officer of NAMI received a letter from Mary E. Raley, of Canton, GA, who wrote:

"In early August, my brother (William Hicks) was involved in a diving accident which resulted in his being sent to your recompression chamber facilities. He remained there for several days before being released to a local hospital.

"The purpose of this letter is to commend the exceptional work of Dr. Bruce Christen (a medical corps lieutenant commander, USNR) and the several teams who worked round-the-clock to treat my brother. I was totally impressed with their professionalism and skill.

"I was especially touched by the concern and dedication shown by Dr. Christen. I could tell that he truly cared about my brother and did everything in his power to improve William's situation. Dr. Christen ate very little and napped only sporadically during this entire ordeal but never left my brother.

"When it was time for William to be moved to a hospital, Dr. Christen rode with him and remained with him until he was certain that everything at the hospital was OK. He did not drop the case at that point. He came to visit and stayed in close contact with both our family and William's new doctor.

"When William died, Dr. Christen continued his concern and I know that he spent a significant amount of time rehashing the case to see if they would make any changes in the treatment for the next similar case.

"Again, let me commend Dr. Christen as well as the entire team. Our family was confident that William was in the very best of care.

"We would also like to mention the kindness of Dr. Christen's wife, Lisa. She continually checked on us and offered food, a place to shower, and a tremendous amount of moral support.

"Our family was truly blessed to have had such excellent support during a most difficult period.

"Yours truly, Mary E. Raley"

-USN-

HEADLINE: NMC Oakland Neurologist's Traveling Medicine Show

NMC Oakland, CA (NSMN) -- As if the rigors of practicing medicine are not enough, try traveling from ship to ship by helicopter, over the shark-infested Red Sea, with only a portable EKG machine and what might resemble a doctor's black bag to treat patients.

Medicine mixed with adventure is not an unusual combination

for former emergency room physician LCDR Robert Seth Wall, MC, staff neurologist at Naval Medical Center Oakland. Since joining the Navy in 1980, he also served as chief medical officer for the 2d Marine Division in the Gulf of Sidra in 1986, when Libya's Colonel Kadafi threatened the U.S. military presence in the Mediterranean.

Wall returned last December to Naval Medical Center Oakland from his latest adventure with the Navy -- a deployment to the North Red Sea as group surgeon for Commander, Task Group 152.1, part of Operation Southern Watch, in support of the arms embargo against Iraq.

"It was a very hazardous job, not from the standpoint of being shot at, but we were actually boarding and searching a variety of ships -- freighters going up the Red Sea to the northern port of Agaba, Jordan," said Wall. Oftentimes the cargo hulls and ships' containers were three stories high. The boarding crew had to use climbing ropes, which "required a lot of mountain climbing skills and was very dangerous. We didn't have a lot of injuries, but did have some broken ankles and arms."

Treating these injuries was difficult without the aid of an X-ray machine. "The biggest challenge to the whole mission was working with limited resources and virtually no equipment. Because the ships out there were all small -- frigates, destroyers and cruisers -- they are not large enough to rate an X-ray facility," said Wall.

When it was absolutely necessary to get an X-ray, the physician and patient had to travel by helicopter to Hurghada, Egypt, where a local doctor had an "X-ray machine that looked like it was of Marie Curie vintage," said Wall, who gained an appreciation for the technology available at NMC Oakland during this experience. "When you talk about a wet reading, the X-rays were literally dripping from the developer" (modern X-ray equipment automatically dries the X-rays).

Wall's ability to make good diagnoses without all the supporting technology, strong clinical knowledge and the quick decision-making skills he acquired as an ER doctor prior to becoming a neurologist, proved invaluable during what was the biggest Red Sea disaster he had ever seen.

"Literally a week after we had extensive disaster drill training with the crew on the Merchant Marine ship, USNS Kaiser (T-AO 187), the ship received a distress call around midnight that an Egyptian ferry, the Al Qama, was on fire," explained Wall, adding that the Navy often responded to distress calls in the area. "The ferry was taking about 600 Egyptians from Saudi Arabia back to Egypt after the hajj, a Muslim pilgrimage to Mecca during Ramadan (sacred holy days).

"It was very scary," said Wall, as he described the scene. "Small rib boats from Kaiser maneuvered through five- to six-foot waves to reach the burning ferry. Passengers were jumping into the shark-infested water, while our helicopters scanned the choppy seas with high-powered lights to locate survivors.

"Of the 580 people that we could account for, approximately 180 suffered from exposure and hypothermia," said Wall, who coordinated the medical treatment of the evacuees.

"Surprisingly, there weren't that many burns, but I saw many fractured limbs from people jumping off the ferry (30 to 40 feet) onto the smaller rescue ships."

For the next 12 hours and well into the next day, Wall and the crew worked non-stop to stabilize all the injured. "This is where my years -- the thousands of hours that I logged as an ER doctor -- paid off," he said. Wall received a Navy Commendation Medal from VADM D.J. Katz for his "exceptional professional competence, foresight, decisiveness and stamina, as he led the efforts to receive, stabilize and care for 269 survivors of the burning Egyptian passenger ferry." The unit from USNS Kaiser was nominated for the Humanitarian Service Medal.

Other medical concerns in the area came from the subtropical and rocky terrain of Red Sea-area environment. "Our group did not have a single case of malaria, dengue fever or cholera," said Wall, who made sure mosquito netting was in place and the ships were self-contained.

Back in the States, Wall attends to a variety of illnesses at NMC Oakland, such as multiple sclerosis, Lou Gehrig's disease, epilepsy, migraines, headaches, tumors of the nervous system and sleep disorders. Teaching is also very important to him. "Teaching keeps me in the literature. I am going to miss the residents who will be graduating in July."

Wall sees his current tour at the medical center as a chance to refocus on his specialty and regroup before the next adventure. It is similar to "Indiana Jones being back at teaching archeology rather than going out and digging up the gold statues," he said. "One of the reasons I stayed in the Navy is being able to work in unusual places and environments -- working with, in some cases, not the state-of-the-art equipment and yet still being able to produce a good result."

Story by Georgianna Lear

-USN-

HEADLINE: NDC Norfolk Dentist Volunteers Time to Brighten Smiles

NDC Norfolk, VA (NSMN) -- LCDR Amy Counts, DC, an orthodontist, is stationed at Naval Dental Center Norfolk. Her military duties take her to Naval Hospital Portsmouth, where she assists in the Oral Surgery Department preparing patients for orthognathic jaw surgery as well as instructing dental officers assigned to the Advanced Clinical Program (ACP) in basic orthodontic technique.

Her after-hours work takes her much farther from home. Counts is an active volunteer with the Norfolk-based group, Operation Smile, spending two evenings a month providing needed dental care to indigent residents of Norfolk. As a volunteer with Operation Smile International, she went on a two-week mission to Columbia, South America.

Although the work days are long during an international mission, and the daily patient load extremely tiring, the sense of accomplishment and "the children's smiles make it all worthwhile," said Counts.

The typical patient treated during an Operation Smile International mission is under 6 years old. The non-profit

organization coordinates volunteers to provide dental treatment to those who may not have the access or finances to receive routine dental care. In addition to routine dental care, Operation Smile International coordinates efforts to provide surgical correction of cleft lip and palate, hand and foot deformities and treatment of children with extensive burns in countries such as Columbia, Russia, China and Nicaragua.

Counts' duties on the team that went to Columbia, which included plastic surgeons, dentists, nurses and support personnel, involved selection and extraction of teeth before surgery, as well as determining the type of surgery required. Her experience in orthognathic jaw surgery and cleft cases was extremely useful during the mission. More than 650 patients were screened during the first week and more than 300 were scheduled for surgery -- 35 to 55 surgeries daily. During the second week, a total of 216 patients received 300 procedures.

-USN-

HEADLINE: USNH Gitmo Provides CPR Training Support to Cubans

USNH GUANTANAMO BAY, Cuba (NSMN) -- U.S. Naval Hospital Guantanamo Bay is currently involved in a Joint Task Force-160 initiative to establish a cadre of CPR-trained medical professionals among the Cuban migrant community.

When members of the JTF Surgeon's Staff, U.S. Air Force and U.S. Army medical personnel developed a plan to enhance the professional standards of the migrant medical community, they turned to the naval hospital for assistance.

Over 40 migrant doctors and nurses have been certified BLS (basic life support) C level providers in the last month. Additionally, six of these professionals have been certified as CPR Instructors using the American Heart Association standards.

USNH Affiliate Faculty for BLS Programs, LT Kim Wallis, NC, has been instrumental in formulating and coordinating these classes. Working with CPT Tony Vargas, PA, USA, and Capt William Carnes, PA, USAF, the USNH Staff Education and Training Department has provided equipment, classrooms and clerical support for the effort. TAD support personnel -- LT Carlos Ayala, NC, from Naval Medical Clinic Long Beach, CA, and HA Nathan Madrid, Naval Hospital Patuxent River, MD, have also extended their BLS Instructor skills as well as Spanish language liaison to ensure that translation of the lessons and essential course material was efficiently carried out.

Interestingly, the Cuban medical professionals have requested that the examinations and major portions of the course be carried out in English. Dr. Ediberto C. Nodal, a surgeon, feels that being certified as a BLS Instructor is a fantastic opportunity. "These skills were not normally taught in Cuba," said Nodal. "Only a few specialists know how to perform CPR. We have a great chance to improve our knowledge and save lives."

These first six instructors will travel to the migrant camps and provide BLS instruction to other medical professionals to further their medical skills and to develop a base of first responders among the more than 20,000 occupants.

Story written by LT Pat Paul, MSC, head, Staff Education and

Training

-USN-

HEADLINE: Behind the Scenes -- Sasebo Medevac

USNH Yokosuka, Japan (NSMN) -- Good actors, great athletes, and customer-oriented staff members all make their jobs look easy.

"People don't quite understand how much work you put in," said HM3 Earl Bruce, medevac coordinator at the Sasebo Branch Medical Clinic of the U.S. Naval Hospital Yokosuka. "You make it look easy, but they don't really realize how much work is involved."

As medevac coordinator for Sasebo's small clinic at the southern end of Kyushu, Japan, Bruce deals with patients, family members, clinic staff, Navy transportation, security, Patient Administration, Air Force transportation, attending physicians, hospital nurses, and others -- for each medevac.

His phone rings constantly. He's paged frequently. Generally, he can't sit through a meeting or training class without being called back to his office, back to more work -- behind the scenes -- to ensure a successful medevac.

The Sasebo clinic is staffed with three family practice physicians and one general medical officer. Specialty physicians are available at the clinic's parent command, USNH Yokosuka. Sasebo patients requiring specialty care are seen by physicians from Yokosuka who visit the southern Japan clinic quarterly. Or, patients travel on the medevac system to Yokosuka.

Coordination of a medevac trip involves making arrangements for transportation, setting up clinical appointments at the hospital, and taking care of the paperwork. Lots of paperwork.

"Patients don't realize that they can't just cancel their appointment or their medevac," said Bruce. Once the medevac process is initiated, canceling it because of personal inconvenience is wasteful and abusive.

Many people appreciate the efforts of Bruce. He is respected by his colleagues and leaders at Branch Medical Clinic Sasebo. He says his greatest joy is getting positive feedback.

"The Air Force flight nurses seem to respect the job I do," he says. "It's not, 'You're just a corpsman.' They treat you like you know what you're talking about and they expect you to know what you're talking about."

Bruce remembers, with pride, an encounter with a young sailor who had a successful experience on the medevac. "I had an E-2 come up to me and say, 'Petty Officer Bruce, thank you. You made it really easy for me.'"

In addition to serving as the clinic's medevac coordinator, Bruce stands regular duty at the Branch Medical Clinic. On one night, he got a deep appreciation for the physicians.

"I always thought I wanted to be doctor," he said. "But I see what goes on here. They got called in from their meals, or at 10 o'clock at night, or for ambulance runs at all hours. I asked Doctor Skancy, 'What kind of joy do you get?' He said his satisfaction comes from helping people."

"I wish more patients would get that enlightenment about our

doctors."

Story by Bill Doughty

-USN-

HEADLINE: DON Leads the Way in CFC Donations

BUMED Washington (NSMN) -- In 1994, the Department of the Navy exceeded goal for the fifth consecutive year and exceeded \$3 million in contributions for the third year. The Department of the Navy continues to be the largest contributor to the Combined Federal Campaign in the world.

On 8 February 1995, Secretary of the Navy Dalton awarded the Bureau of Medicine and Surgery, and 30 other Navy commands in the Washington area, with the Combined Federal Campaign's Merit Award and 100% Goal Award.

In a ceremony at BUMED, Navy Surgeon General VADM Donald F. Hagen commended the hard work and generosity of the BUMED staff in exceeding their goal for the third year in a row. He said the successful BUMED campaign, which achieved 122 percent of its goal, "is a testimony to the caring and good work of our people."

-USN-

3. Events, observances and anniversaries, 5-11 March:

5-11 March: Save Your Vision Week (314/991-4100)

6-10 March: Newspaper in Education Week

7 March: E-4 Advancement Exams

7 March: Morning (0600-0800) and Night (until 2200)

Detailing (EST -- Washington, DC, time)

8 March: International Women's Day

9 March: E-5 Advancement Exams

-USN-

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